Name in Full: Milley J. Barrett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Fulford — County: Harford

Date of death 1904 — Month: Nov — Day: 17 — Age — Years: 10 — Months: 9 — Days: 16

Sex: Female — Color or Race: Black — Birthplace: Fulford

~~Married~~, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: George R. Barrett — Father's Birthplace: Md.

Mother's Maiden Name: Sarah E. Barrett — Mother's Birthplace: Md.

Name of person giving In formation: Wm Barrett — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 months

Immediate: Heart failure — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ethel Coleman

Address: Bel Air

Accident or Suicide?

LIBRARY BUREAU A66516

Asbury Church

Name in Full: Thomas Andrew Bay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Madona; County: Harford

Date of death 1904: Month: Nov; Day: 6; Age: Years: ; Months: 3; Days:

Sex: Male; Color or Race: White; Birthplace: Madona

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Bay; Father's Birthplace: Jarrettsville

Mother's Maiden Name: Mattie Anderson; Mother's Birthplace: Madona

Name of person giving information: Mother; How related to deceased:

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: one week

Immediate: Brain Complication; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. F. Sunner

Address: White Hall Co Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Rosie Benzer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Magnolia; County: Harford

Date of death: 1904; Month: 11; Day: 4; Age: Years: ; Months: 1; Days: 7

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: August Benzer; Father's Birthplace:

Mother's Maiden Name: Emelia Benzer; Mother's Birthplace:

Name of person giving Imformation: Emelia Benzer; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long: 2 Hours

Immediate: Cramps; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. K. McKinnas

Address: Undertaker, Aberdeen Md

Accident or Suicide: —

LIBRARY BUREAU A66516

Name in Full: Caroline Bowser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Dulford — (County) Harford

Date of death 1904	Month	Day	Years	Months	Days
	11	11	Age 75	—	—

Sex: Female — Color or Race: Black — Birthplace: Harford Co.

~~Married, Single or Widowed~~ — Occupation: Servant

Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Frank H Jacobs — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: Over Seven

Immediate: Senility — How long: weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C A Billingsworth

Address: Bel Air Md

Accident or Suicide? neither

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Fannie Bowser

Died at Town: Brothly Hill County: Harford MARYLAND

Date 1904 Month: Nov Day: 11 | Age Y. 23 M. 7 D. 27 | Native of Harford | Occupation Housework

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Robert Bowser

Father's Name W. H. Warfield Mother's Maiden Name Amanda Hall

Cause of Death: Primary Typhoid Fever How long sick 2 mos

Immediate Hemorrhage Bowel ~~Accident, Suicide, Homicide~~

Reported by C. H. Kuite

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Called Suicide Lightning, I advise a private funeral

LIBRARY BUREAU, 79898

Name in Full: James Barnes

CERTIFICATE OF DEATH

MARYLAND

Died in Town: Perryman — County: Harford

Date of death 1904: Month: Nov — Day: 17 — Age: Years: 60 — Months: 11 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: ~~Laborer~~ Laborer — Where Residing if not at place of death: Machemender

Married, Single or Widowed: Unknown — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: "

Name of person giving Imformation: — How related to deceased: "

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ~~Bilious~~ Paralysis ~~Intestinal~~ — How long: 24 hrs

Immediate: Cerebral Debility — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Tiers

Address: Perryman

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83816

Name in Full: Joseph L Carr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Magnolia — County: Harford

Date of death: 1904 — Month: 11 — Day: 29 — Age: Years: 94 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or Husband

Father's Name: John Carr — Father's Birthplace: Maryland

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Mrs Emmett — How related to deceased: Dau

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Aged — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H K McComas

Address: Undertaker, Aberdeen Md

Accident or Suicide?

LIBRARY BUREAU A89616

Name in Full: Grace A. ~~Gorrell~~ Casey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenville; County: Harford

Date of death 1904: Month: 11; Day: 17

Age: Years: 19; Months: 9; Days: 9

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Wife

Name of ~~Wife or~~ Husband: Jas Casey

Father's Name: Geo H. Gorrell; Father's Birthplace: Md

Mother's Maiden Name: Charlotte Divis; Mother's Birthplace: Md

Name of person giving information: Geo H Gorrell; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetis; How long: 3 months

Immediate: Heart Failure; How long: 2 days

50

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Kirby

Address: Darlington Md

Accident or Sulcide?

PHYSICIAN OR CORONER

LIBRARY BUREAU AT6518

Name in Full Caroline Collins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Nicholsville — County: Harford

Date of death	Month	Day	Years	Months	Days
1904	11	12	Age 66		

Sex: Female — Color or Race: Colored — Birthplace: Harford Co

Occupation: Housekeeper — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — ~~Name of Wife~~ or Husband: Leven Collins Sr

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	William Ringgold	Father's Birthplace	Harford Co
Mother's Maiden Name	Hannah Frisby	Mother's Birthplace	"
Name of person giving Imformation	Robert Ringgold	How related to deceased	Nephew

CAUSES OF DEATH

1144

PHYSICIAN OR CORONER

Primary	Abscess	How long	2 yrs
Immediate	Gen Debility	How long	

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: J H Stine

Address: Perryman

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Jno. Collins

Certificate of Death

Died at Town: Travel Hill County: Harford Co MARYLAND

Date 1904 Month: Nov. Day: 1st | Age Y: 75 M. D. | Native of: Harford Co | Occupation: Laborer

Male ~~Female~~ | Colored ~~White~~ | ~~Single~~ Married | Widow Widower | ~~Divorced~~ | Number of children living None

Husband of Wife: Susan Hill

Father's Name: John Collins | Mother's Maiden Name:

Cause of Death: Primary: Arterio Sclerosis | How long sick: 2 years

Immediate: Paralysis | ~~Accident, Suicide, Homicide~~

Reported by: A C Conkin

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70918

Name in Full: Caroline Ewing

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Wesley Chapel; County: Harford

Date of death 1904: Month: Nov 1; Day: Saturday; Age: Years 96; Months 7; Days 4

Sex: Female; Color or Race: White; Birthplace: Cecil Co Md

Occupation: Spinster; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: John A Ewing

Father's Name: Simmons; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: John A Ewing; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease; How long: Several Years

Immediate: Dropsy & General Weakness; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. N. Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A688 16

Name in Full: Hobart Grafton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestnut Hill — County: Harford

Date of death 1904: Month: Nov. — Day: 25

Age: Years: 9 yrs. — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Jas. O. Grafton — Father's Birthplace: Md.

Mother's Maiden Name: Bessie Minnick — Mother's Birthplace: Harf. Co.

Name of person giving information: Chas. Seaborn — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun shot wound in head — How long: 6 hours

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mary A. Guyton (Guyton)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Magnolia; County: Harford

Date of death: Month: 11; Day: 18; 1904

Age: Years: 89; Months: —; Days: —

Sex: female; Color or Race: White; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Widow

Name of Wife or Husband:

Father's Name: Aquilla Standiford; Father's Birthplace: Maryland

Mother's Maiden Name:; Mother's Birthplace:

Name of person giving Information: Mrs Herbert; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 154; How long:

Immediate: Old Age; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred Schultz

Address: Upper Falls Balto Co

Accident or Suicide?

LIBRARY BUREAU A88316

Interment — Salem M. E.
Cemetery Balto Co

Name in Full

Carrie Hanna

Certificate of Death

Died at Town Garland County Stanford MARYLAND

Date 1964 Month 11 Day 8 | Age Y. 54 M. — D. — | Native of Md | Occupation Housework

Male / Female ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband / Wife of George T. Hanna

Father's Name George Hopkins Mother's Maiden Name Sophia Spencer

Cause of Death — Primary: Typhoid fever — How long sick 7 weeks

Immediate: Heart Complications

~~Accident, Suicide, Homicide~~

Reported by J L Hopkins

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72808

Name in Full Sarah E. Hooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hickory — County: Harford

Date of death 1904 — Month: Nov. — Day: 2 — Age — Years: 10 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: ———

Name of Wife or Husband: ———

Father's Name: Henry Hooper — Father's Birthplace: Maryland

Mother's Maiden Name: Sallie Howard — Mother's Birthplace: Harford Co.

Name of person giving In formation: Chas. Hooper — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis — How long: 2 weeks

Immediate: ——— — How long: ———

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Leroy Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jarrettsville; County: Harford

Date of death: Month: Nov. 5th; Day: 14. 3rd; 1904

Age: Years: —; Months: 2; Days: 27.

Sex: Male

Color or Race: Colored

Birthplace: Harford Co Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Rush Jones

Father's Birthplace: Md

Mother's Maiden Name: Ella Evans

Mother's Birthplace: "

105

Name of person giving Information: J R Jones

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —

How long: —

Immediate: Cholic

How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: Ely Kurtz Undertaker

Address: Jarrettsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: M Madison Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Darlington — County: Harford

Date of death: Month: Nov — Day: 2 — Year: 19

Age: Years: 4 — Months: — Days: 25

Sex: Male — Color or Race: colored — Birthplace: Harford Co

Occupation: none — Where Residing if not at place of death: Harford County

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Addison Jones — Father's Birthplace:

Mother's Maiden Name: Mary Bowser — Mother's Birthplace:

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: 12 Hours

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: No Physician — Coroner

Address:

Accident or Suicide?

Sub Register

LIBRARY BUREAU A66516

Name in Full: Margaret Lohmeyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: [illegible] Co. | County: Harford

Date of death: 1904 | Month: Nov. | Day: 6th | Age: Years: 54 | Months: 2 | Days: 9

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband:

Father's Name: George Herbert | Father's Birthplace: Germany

Mother's Maiden Name: Margaret Herbert | Mother's Birthplace: Germany

Name of person giving Information: George Lohmeyer | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty degeneration of heart | How long: —

Patient was convalescent from Senile attack of Bilious Fever | How long: 2 weeks duration

Immediate: Cardiac Paralysis | How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N Lohmeyer M.D. Keyser Md

Address: Franklinville, Md. —

Accident or Suicide? — No —

LIBRARY BUREAU A88818

Name in Full: Lucinda Elmira Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestnut Hill; County: Harford

Date of death 1904: Month: 11; Day: 3; Age: Years: 40; Months: 1; Days: 12

Sex: Female; Color or Race: White; Birthplace: York Co. Pa.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: William Martin

Father's Name: Frederick Burkholder; Father's Birthplace: York Co. Pa.

Mother's Maiden Name: Mary Ann Bupkins; Mother's Birthplace: York Co. Pa.

Name of person giving In formation: Charles E. Folker; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 2 years

Immediate: Exhaustion; How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Athon

Address: Wrelton

Accident or Suicide?

Md.

LIBRARY BUREAU ASSETS

Name in Full: Geo. D. Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death: Month: Nov — Day: 7 — 1904 — Age: Years: 69 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Harford Co.

Occupation: Carpenter — Where Residing if not at place of death: Died at home

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. Mitchell — Father's Birthplace: Harford Co.

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Information: Arthur Mitchell — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. Lorthers M.D.

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A99510

Name in Full

Certificate of Death

Hugh Musser

Died at Town: Pylesville County: Harford MARYLAND

Date 1904 Month: Nov. Day: 29 | Age Y. 46. M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living None

Husband ~~Wife~~ of Ida Musser

Father's Name Jacob Musser | Mother's Maiden Name Lydia A. Bowman

Cause of Death: Primary Acute Nephritis | How long sick 2 weeks

Immediate Uraemia | ~~Accident, Suicide, Homicide~~

Reported by Jas. S. Akehurst M.D.

Address Norrisville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elisha D. Nesper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Prospect — County: Harford

Date of death 190 — Month: Nov. — Day: 25 — Year — Age: 33 — Months — Days

Sex: Maid — Color or Race: White — Birthplace: West Bangor

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Singel — Name of Wife or Husband

Father's Name: Wm Nesper — Father's Birthplace: Northhampton Pa

Mother's Maiden Name: Sarah A Nesper — Mother's Birthplace: Harford Co Md

Name of person giving Imformation: Wm Nesper — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epilepsy — How long: 19

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Danner Ramsay

Address: Dpetz, York Co Pa

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Mattie M Nelson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryman; County: Harford

Date of death 1904: Month: Nov 25; Day: 5th; Age: Years: 3 Months: 11 Days:

Sex: Female; Color or Race: White; Birthplace: Harford Co

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of ~~Wife~~ or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry C Nelson; Father's Birthplace: Harford Co

Mother's Maiden Name: Harriet Sweeney; Mother's Birthplace: " "

Name of person giving Imformation: Henry C Nelson; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 1 yr

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J H Stin

Address: Perryman

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Julia B Quirk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Havre de Grace; County: Harford

Date of death 1904: Month: 11; Day: 22; Age: Years: 26; Months: 10; Days: —

Sex: Female; Color or Race: White; Birthplace: Hd Grace

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: D Quirk; Father's Birthplace: Ireland

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving In formation: W. H. Staley; How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 2 Yr

Immediate: Heart Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R W Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A39516

Name in Full: Annie Sampson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Garland | County: Harford

Date of death 1907: Month: Nov | Day: 20 | Years: Age 25 | Months | Days

Sex: Female | Color or Race | Birthplace

Occupation: House keeper | Where Residing if not at place of death

Married, ~~Single~~ or Widowed | Name of ~~Wife~~ or Husband: Walter Sampson

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information: Walter Sampson | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] | How long: Instantaneous

Immediate: Bursting Cerebral Hemorrhage | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Woodward M.D.

Address: Forest Grove Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

Mary Elmira Dove

Certificate of Death

Town

County

MARYLAND

Died at

Month	Day	Age	Y.	M.	D.	Native of	Occupation
Date 1904	11.	12	—	8	—	Md	—

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of ~~children~~ living

Husband of
Wife

Father's Name John Dove — Mother's Maiden Name Agnes Prentice

Cause of Death — Primary: Cholera Infantum — How long sick: —

Immediate: 105 — ~~Accident, Suicide, Homicide~~

Reported by Dr. F. H. Arthur

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Priscilla A. Streett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: her residence — Town: — County: Harford

Date of death 1904: Month: November — Day: 17th

Age: Years: 85 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Harford Md

Married, Single or Widowed: Widow — Occupation: Home Wife

Name of Wife or Husband: John Streett

Father's Name: James Ruff — Father's Birthplace: Harford Md

Mother's Maiden Name: Sophia Mitchell — Mother's Birthplace:

Name of person giving In formation: Sophie P. Streett — How related to deceased: her Daughter

91

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis and Luanchitis — How long: 6 weeks

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Smithson

Address: Forest Hill Md

Accident or Suicide?

LIBRARY BUREAU A85518

Name in Full

Certificate of Death

Alice Folinger

Town

County

Died at Garland Harford MARYLAND

Date 189-	Month	Day	Age Y.	M.	D.	Native of	Occupation
1904	Nov	30	50.	7	"		

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living One

Husband / Wife of Asa Folinger

Father's Name Geo. W. Baker

Mother's Name Elizabeth Baker

Cause of Death — Primary

How long sick 13

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by Jones & Reed 1904

Address Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6506

Name in Full

Certificate of Death

Hattie P. White

Died at Town: Poole County: Harford MARYLAND

Date 1904 Month: 11 Day: 10 Age: Y. 2 M. 2 D. 8 Native of: Md Occupation: —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Elijah White Mother's Maiden Name: Hannah White

Cause of Death: Primary: Typhoid Fever How long sick: 10 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by: Dr. F. H. Authurs

Address: White Corner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Edmund L. Wilkinson

Certificate of Death

Died at Town: Lurel County: Harford MARYLAND

Date 1904 Month 11 Day 3 | Age Y. 47 M. — D. — | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of ~~Wife~~ Rebecca Walker

Father's Name

Mother's Maiden Name

Cause of Death: Primary: Typhoid

Immediate: Intest. Hemorrhage

How long sick: 6 weeks

~~Accident, Suicide, Homicide~~

Reported by J. L. Hopkins

Address Hanover Grove Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79899

Name in Full

George Walter Williams

Certificate of Death

Died at Town: Perryman County: Harford MARYLAND

Date 1904 Month: Nov Day: 1 | Age Y. 0 M. 3 D. 4 | Native of Harford | Occupation ——

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name Luther Williams | Mother's Maiden Name Delah Stewart.

Cause of Death — Primary: Entero-Colitis 105° | How long sick 2 weeks

Immediate: Exhaustion ~~A[illegible]~~

Reported by Chas. H. Hurte,

Address Aberdeen, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elsie J Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cardiff County: Harford

Date of death: Month: 11 Day: 11 Year: 1904

Age: Years: 1 Months: — Days: 5

Sex: Female Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Wilson Father's Birthplace: Pa

Mother's Maiden Name: Annie Wilson Mother's Birthplace: Pa

Name of person giving Imformation: Frank Wilson How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Convulsions How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W McCandless

Address: Cardiff Md.

Accident or Suicide?

LIBRARY BUREAU A66516

DEC 14-04
Slatersville